



Application
for
FY 2018 Solid Waste Grant Program

Postmark Deadline is
December 15, 2017

***Kansas Department of Health and Environment
Bureau of Waste Management
1000 SW Jackson, Suite 320
Topeka, KS 66612-1366
(785) 296-1600
(800) 282-9790 FAX (785) 559-4252***



Our Mission: To protect and improve the health and environment of all Kansans.

PRIORITY

Applications must be **postmarked by 12/15/17**

Name of Applicant Organization

Facility Address

City

State

Zip

County

Contact Person (responsible for day to day project management)

Title

Office Phone

Cell phone

_e-Mail

FEIN

This grant is being offered to support public education and training, solid waste reduction, reuse and recycling projects for all new and established composting and recycling programs.

1. Please **give a brief description of the proposed project** (What will this grant money purchase? Please be specific.)

- 2. Please describe how this project will impact your community.**

- ### 3. Diversion Reporting - Annual Diversion Reporting Will be Required of Grantees

Current annual amount (in tons)

Estimated amount with grant

Newspaper

Cardboard

Plastics

Glass

Aluminum

Paper (other)

Composting

Single Stream

TOTALS

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- 4. Total Budget by Cost Categories** (A detailed budget that lists the type of equipment/items to be purchased and/or used as in-kind match must also be provided in the narrative grant proposal). *Failure to include a budget breakdown with the grant proposal may result in disqualification.*

BUDGET CATEGORY DEFINITIONS AND EXPLANATIONS:

SALARIES should be in match category ONLY.

TRAVEL includes costs incurred conducting public education, seminars, training, etc.

SUPPLIES include public education materials/supplies and items and equipment with a cost of less than \$2,000.

CAPITAL EQUIPMENT is for purchase of equipment with a useful life of at least one year and a cost of \$2,000 or greater.

PROFESSIONAL SERVICES include consultants and contractors fees.

OTHER includes expenditures for items that don't fall into the above categories.

Please provide grant amount requested and related match for each of the following categories:

	Local Match Amount	State Funds (Grant)	Total Cost this Project
SALARIES	\$ _____	\$N/A	\$ _____
TRAVEL	\$ _____	\$N/A	\$ _____
SUPPLIES	\$ _____	\$ _____	\$ _____
CAPITAL EQUIPMENT	\$ _____	\$ _____	\$ _____
PROF. SERVICES	\$ _____	\$ _____	\$ _____
OTHER	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

PERCENTAGE OF TOTAL

%

plus

%

equals

100 %

(Local match must be at least 25% of total project cost)

- 5. DETAILED NARRATIVE PROPOSAL (Required)** - Please attach a detailed narrative of the grant proposal describing the project(s) to be funded. **(Refer to "Narrative Grant Proposal" section of the FY 2018 Solid Waste Grant Application/Guide for assistance to complete the grant proposal.)** *Failure to address all items listed under the "Narrative Grant Proposal" may result in disqualification.*
- 6. COUNTY SOLID WASTE MANAGEMENT PLANNING COMMITTEE SUPPORT FORM**
The project(s) to be funded must be approved by the County Solid Waste Management Planning Committee. The form and instructions are included with this packet. If not

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submitted with the application, it must be submitted no later than December 31, 2017. *If not submitted by December 31 your application may be disqualified.*

7. INSURANCE

If you are awarded a grant, you will be required to demonstrate proof of comprehensive insurance covering the grant funded items.

8. CERTIFICATION:

The undersigned is an official authorized to represent the applicant.

The person signing this document must have the authority to contractually bind the applicant or be the designated fiscal agent. For local governments, this is generally the mayor or the chairman of the county commission.

I certify that all proposed activities will be carried out; that all grant money received will be utilized solely for the purposes for which it is intended; that records documenting the planning process and implementation will be maintained and submitted when requested, and KDHE is hereby granted access to inspect project sites and/or records.

Print Name of Authorized Representative

Title

Signature of Authorized Representative

Date

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COUNTY SOLID WASTE MANAGEMENT PLANNING COMMITTEE SUPPORT FORM

A Solid Waste Grant **Application** cannot conflict with (or it must be generally identified within) a KDHE approved county or regional solid waste management plan (as mandated by K.S.A. 65-3405) or have broad statewide significance. Grant funds to any entity within the jurisdiction of such county or regional authority shall be withheld if a county or regional authority fails to comply with K.S.A. 65-3405

To ensure that this requirement is being met, and to ensure county solid waste management planning committee participation in the grant application process, the applicant must have the following form completed by the chairman of the county's Solid Waste Management Planning Committee, or under certain circumstances, the county commission.

The chairman of the planning committee or the county commission may either return this form to the applicant or send it directly to:

Kansas Department of Health and Environment
Bureau of Waste Management
ATTN: Grant Program
1000 SW Jackson, Suite 320
Topeka, Kansas 66612-1366

*****NOTE** the application will be considered incomplete and ineligible for funding unless this completed form is received by the Bureau of Waste Management by December 31, 2017.*** Any questions can be directed to the Education, Outreach and Grants Unit at 785-296-1600.

This form may be submitted separately to accommodate Solid Waste Management Planning Committee and/or County Commission meetings.

The original Grant Application MUST BE postmarked by December 15, 2017 to be eligible.

Don't forget to complete the attached support form!
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COUNTY SOLID WASTE MANAGEMENT PLANNING COMMITTEE SUPPORT FORM**

A Solid Waste Grant Application cannot conflict with a KDHE approved county or regional solid waste management plan (as mandated by K.S.A. 65-3405). Grant funds to any entity within the jurisdiction of such county or regional authority shall be withheld if a county or regional authority fails to comply with K.S.A. 65-3405

The applicant must have the following form completed by the chairman of the county's Solid Waste Management Planning Committee or the county commission.

COUNTY SOLID WASTE MANAGEMENT PLANNING COMMITTEE SUPPORT FORM (print or type)	
_____ (name)	_____, Chairman of _____ (Solid Waste Planning Committee or County Commission)
for _____ County makes the following determination regarding the application (county of proposed project)	
For _____	
(please give a brief description of the proposed project)	
Date _____	
Is the county or regional solid waste management plan up-to-date? Yes No	
Date of last review/update _____	
Not sure? Call KDHE-BWM Jeff Walker 785-291-3764 or email at Jeff.Walker@ks.gov .	
I certify the project described in this Solid Waste Grant Application is consistent with the Solid Waste Management Plan.	
_____ Chairman Solid Waste Planning Committee	

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STOP!

**YOU MUST REVIEW THE FOLLOWING ITEMS, INITIAL
EACH AND SUBMIT THIS PAGE WITH GRANT
APPLICATIONS GREATER THAN \$7,500.00.**

Initials	
	I read the Grant Guide and followed the application guidelines.
	I enclosed the signed Solid Waste Management Planning Committee form*.
	I determined the Solid Waste Plan for my county/region is current.
	I attached price quotes for every item costing \$2,000 or more.
	I detailed a public education/outreach plan.
	I submitted a detailed budget.
	I included letters of support or government resolutions.
	I fully discussed each item of the narrative proposal.
	The application is signed by the authorized representative.
	*If not attached, must be received by December 31, 2017

Date

Applicant Signature